

Chairman Michael C. Burgess, M.D.
Opening Statement
Energy and Commerce Subcommittee on Health Hearing
“Combating the Opioid Crisis: Helping Communities Balance Enforcement
and Patient Safety”
February 28, 2018

(As prepared for delivery)

Our nation remains in the unrelenting grip of the opioid epidemic. While the latest report from the Centers for Disease Control and Prevention lists West Virginia, Ohio, New Hampshire, Pennsylvania, and Kentucky as the five states hardest hit, all of us know this crisis has ravaged other states, too. The statistics are heartbreaking: on average 115 Americans die every day from an opioid overdose – that is nearly five people per hour. I said it before and will say it again. Now more than ever, we must come together and strengthen our commitment to fight this scourge – it requires an all-hands-on-deck approach.

Today’s hearing is the first of three legislative hearings on combating the opioid crisis. It is the product of the Member Day the Health Subcommittee held last October, where over 50 bipartisan Members of Congress – both on and off the Energy and Commerce Committee – shared their personal stories on how the opioid epidemic has devastated their communities while also offering potential legislative solutions. Since then, our teams have been hard at work examining these policies and engaging the relevant stakeholders.

There are two panels of witnesses before our subcommittee today. First, I would like to welcome Susan Gibson, Deputy Assistant Attorney in the Diversion Control Division at the Drug Enforcement Administration (DEA). Ms. Gibson, we look forward to hearing your thoughts on the progress DEA has made to stem the flow of opioids through our neighborhoods and how these legislative proposals would strengthen the agency’s efforts in what is now a public health emergency for the country. On the next panel, we will hear from a cross-section of

stakeholders representing local law enforcement, physicians, pharmacists, and hospices on one hand to anti-opioid researchers, manufacturers, and policy groups on the other. We also look forward to learning their insights on one or more of the bills being considered today and anticipate a robust debate on the merits of these policies that, as the title of our hearing indicates, seek help communities balance enforcement and patient safety.

Today, we will focus our attention specifically on the Controlled Substance Act. Over the last several months, the committee came to realize that some areas of this law required an update or clarification. For example, synthetic opioids, like fentanyl, has flooded U.S. cities and towns and pushed drug overdose deaths to levels never seen before. H.R. 2851, the Stop the Importation and Trafficking of Synthetic Analogues (SITSA) Act, authored by Rep. John Katko, will better equip law enforcement to get illicit synthetic drugs off our streets while modernizing scheduling guidelines for these drugs.

Another issue of critical importance is the growing risk of misuse and diversion of controlled substances. Reps. Tim Walberg and Debbie Dingell introduced legislation, H.R. 5041, the Safe Disposal of Unused Medication Act, that would reduce the number of unused controlled substances at risk of diversion or misuse by allowing hospice workers to safely dispose these drugs in patients' homes. Another bill, currently in discussion draft form, authored by Reps. Ryan Costello and Rick Nolan, will improve dispensing of implantable and injectable therapies that were developed to make misuse and diversion more difficult.

Next, we will examine two telemedicine bills that will improve access for patients. The Special Registration for Telemedicine Clarification Act, written by Reps. Buddy Carter and Cheri Bustos, would clarify telemedicine waivers and direct the Attorney General to issue regulations for health care providers to prescribe controlled substances through telemedicine in legitimate emergency situations. The Improving Access to Remote Behavioral Health Treatment Act, written by Rep.

Gregg Harper and Doris Matsui, would expand access for patients in rural and underserved areas to their closest community mental health or addiction treatment centers by allowing these facilities to obtain a DEA registration and qualify for the telemedicine exception under the Ryan Haight Act.

Lastly, the subcommittee will discuss two provider education bills. The first bill, H.R. 4275, the Empowering Pharmacists in the Fight Against Opioid Abuse Act, authored by Reps. Mark DeSaulnier and Buddy Carter, would help pharmacists detect fraudulent prescriptions through new educational materials. Another bill aims to improve doctors' understanding of pain management treatment guidelines and best practices, among other things, by mandating 12 hours of continuous medical education on these subjects every three years. This policy contained in H.R. 2063, the Opioid Preventing Abuse through Continuing Education (PACE) Act, authored by Rep. Brad Schneider, concerns me greatly because it seems to suggest that doctors are primarily at fault for the opioid epidemic. As we consider solutions critical to blunting this crisis, we must strike a careful balance before casting blame.

As I said earlier, an important aspect of today's hearing is to think through and debate the policies within these pieces of legislation. I believe what we accomplish here will set the tone for the next two hearings in our subcommittee. With that, I again want to welcome our witnesses and thank you for being here. I look forward to your testimony.